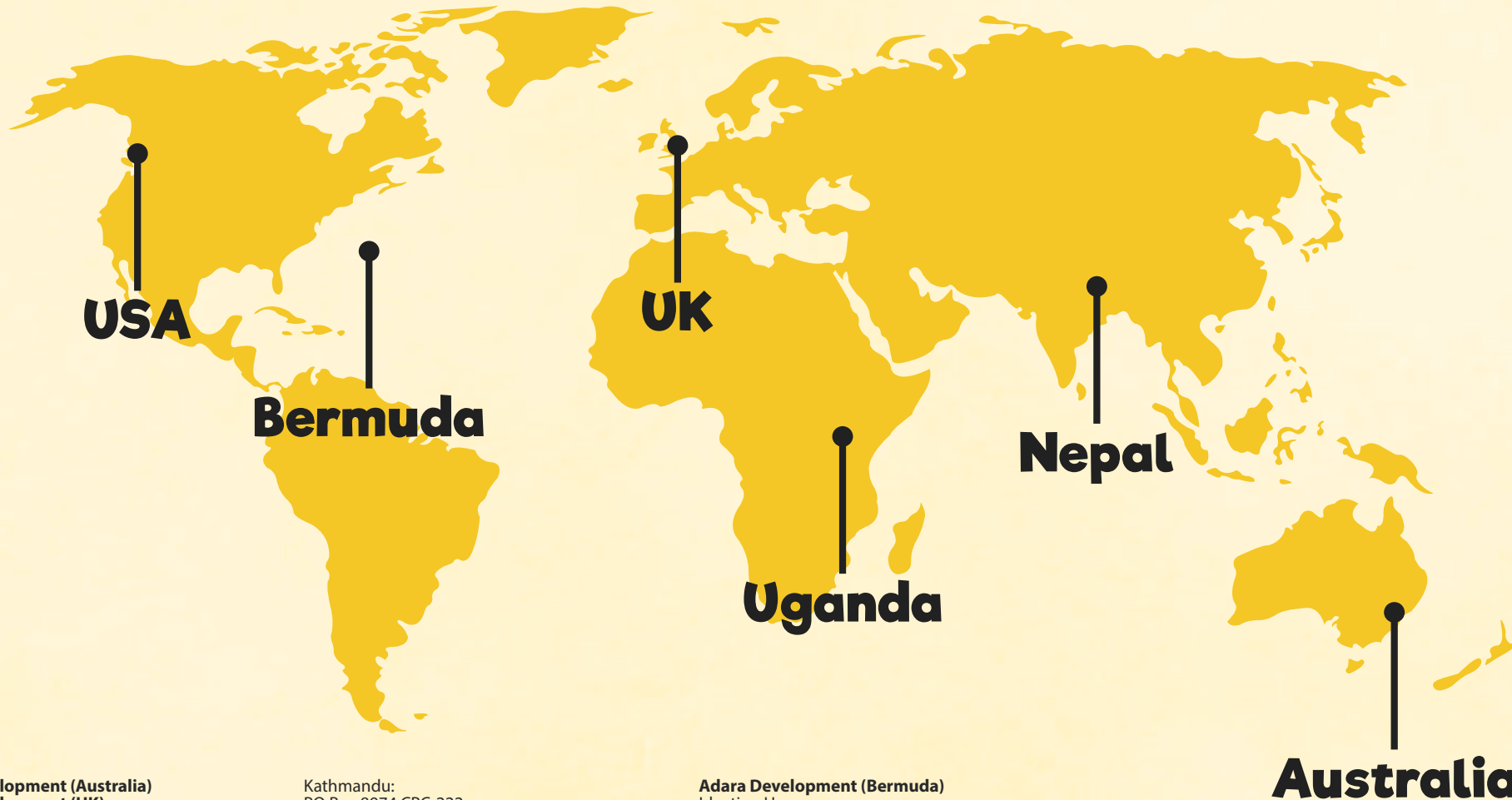




**ADARA**  
GROUP  
- BRIDGING WORLDS -

**20 YEARS  
OF GRATITUDE**



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Some names in the stories in this report have been changed to protect privacy.

## About the Adara Group

**The Adara family believes that every person should have access to quality health, education and other essential services, no matter where they live.**

Our mission is to bridge the world of business and the world of people in extreme poverty, and to support vulnerable communities with health, education and other essential services.

We have two quite different parts but one united purpose – to support people in poverty.

The first part of the Adara Group is an international development organisation called Adara Development. The second part is two Australia-based corporate advisory businesses, Adara Advisors Pty. Limited and Adara Partners (Australia) Pty Limited.

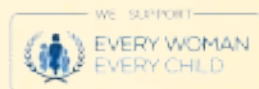
Our businesses are ‘for purpose’ rather than for profit. Their sole objective is to fund Adara

Development’s core support, administration and emergency project costs. This allows 100% of all other donations received by Adara Development to go directly to project-related costs.

Our focus is improving health and education for women, children and communities living in poverty. We reach more than 50,000 people living in poverty each year, and countless more through our knowledge sharing. Our work has two pillars: best-practice service delivery and knowledge sharing.

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# 20 years of gratitude

**In 2018, the global Adara family is celebrating a wonderful milestone – our 20 year anniversary.**

For all of us, this is a deeply reflective moment. It is a moment to stop and look back at the winding path that has led us here, while we also face forward and take in the road that lies ahead. A moment to celebrate the difference the Adara family and all our supporters have made to the lives of people living in extreme poverty. A moment to throw our hands in the air with delight that we have made it this far. And above all, it is a moment to pay respect and express our deepest thanks to everyone who has made this journey possible.

There is one word that perfectly sums up our 20th year: gratitude. I am enormously grateful to our teams around the world, our partners and supporters, and to the communities and leaders we have had the honour of working alongside. Thank you to each of you for believing in the Adara Group, and supporting our vision.

As we reflect on the last two decades, we are also celebrating all that we achieved together in 2017. Our work in maternal, newborn and child health has expanded beyond the centre of excellence at Kiwoko Hospital, and we have laid the foundations for sharing our knowledge and building capacity much more widely. Together with our partners, we have continued to change the lives of people living in some of the world's most remote places through community development. In June, after two years of rebuilding, the Shree Ghyangfedi School in Nepal officially opened, providing

hundreds of children with a fully functioning school for the first time since the 2015 earthquake. And our businesses had one of their biggest years yet, advising some of Australia's leading companies and donating more than US\$1.1 million to our work supporting people living in extreme poverty.

Late last year, our team mapped our strategy for 2018-2020. Our new strategic plan focuses on nine goals, supporting our vision that every person has access to quality health, education and other essential services, no matter where they live. Underpinned by best practice service delivery and our commitment to knowledge sharing, I am confident that our plan will take our work to the next level. Our best years lie ahead of us.

As always, I am humbled by the Adara Group's journey since we began our work in 1998. It has been an absolute privilege to work as a part of the Adara family side by side with so many leaders and heroes worldwide. And on top of that, it has been wonderful to be part of the movement for business to realise its potential to make deep and lasting social change - and to see that great businesses do great things for the world. I am so proud of the small role the Adara Group has played in building bridges between these two worlds.

To everyone who has played a part in our 20 years of hope, laughter, learning, tears, joy and gratitude we say thank you. Thank you for standing with us to bridge worlds and change lives.

**Audette Exel AO**  
**Founder and Chair, Adara Group**  
**on behalf of our Global Leadership Team**



Daniel Kabugo  
Uganda Country Director



Heidi Nakamura  
Global Health Director



Kimber Haddix McKay  
Senior Advisor – Innovation & Best Practice



Melanie Champion  
Adara Group COO



Pralhad Kumar Dhakal  
RCD and Nepal Country Director



Susan Burns  
Adara Group General Counsel



Yvette Vignando  
Partnerships and Communications Director

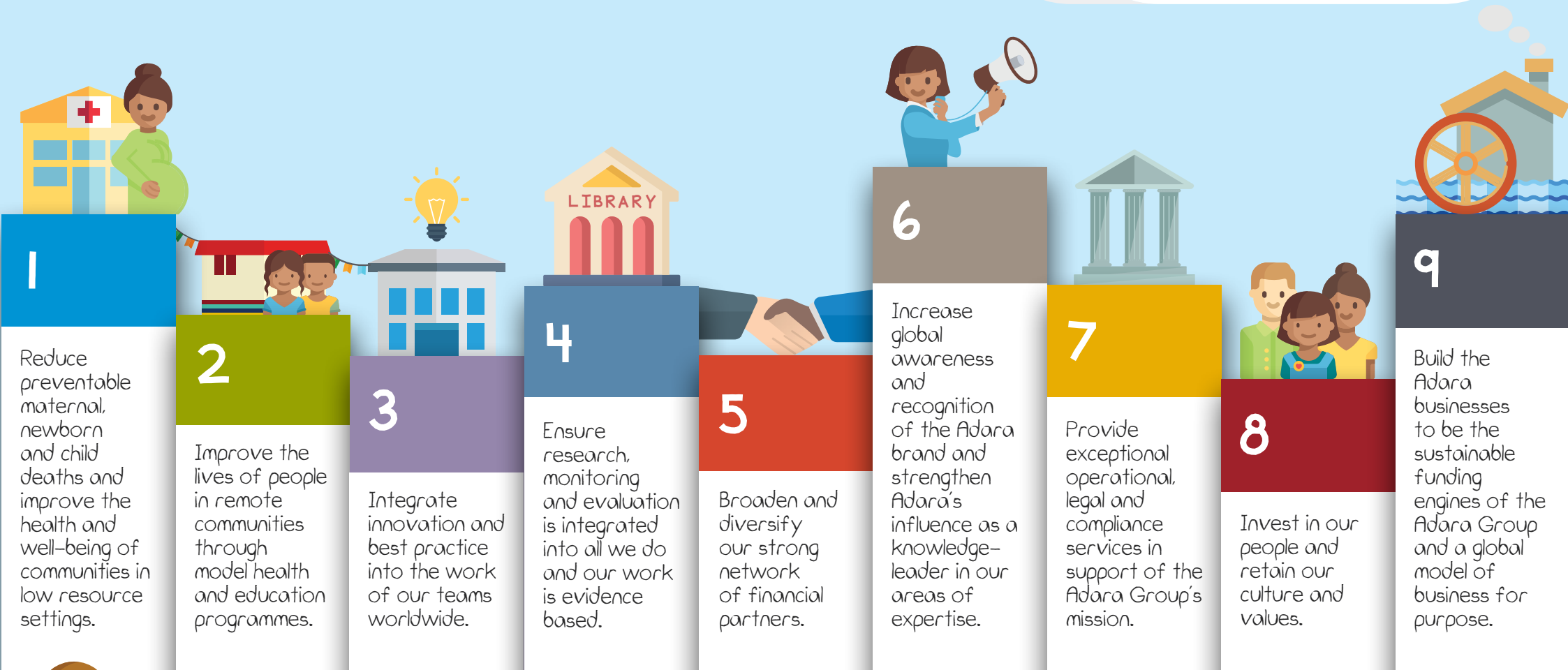


### Our Vision

Our vision is that each and every person has access to quality health, education and other essential services, no matter where they live.

### Our Mission

Our mission is to bridge the world of business and the world of people in extreme poverty, and to support vulnerable communities with health, education and other essential services.



## 20 years of maternal, newborn and child health

The Kiwoko-Adara NICU is recognised as a **centre of excellence** in maternal and newborn health in Eastern Africa. We are now sharing the expertise we have gained over 20 years with neighbouring health facilities to help build their capacity to deliver excellent care to newborns.



from  
**61%-88%**  
increase in survival for low-birthweight babies (weighing <2.5kg)



**89%**  
survival for babies admitted to the NICU in 2017



**47,000+**  
children in Nakaseke community received lifesaving immunisations



**3,500+**  
women each year give birth safely in the Kiwoko Hospital maternity ward



**39%**  
increase in admissions to the maternity ward since the new ward opened in 2010

## 20 years of remote community development

Our earliest project, Yalbang School in Humla, was named as one of the **best five schools in remote districts of Nepal** by the Ministry of Education among 30,000 government and 7,000 private schools



**53%**  
of students in Adara's target schools are girls



**10,000+**  
people reached by Adara's comprehensive earthquake response in 2015



**235**  
students attending the Shree Ghyangfedi School which opened in June 2017 following the 2015 earthquake



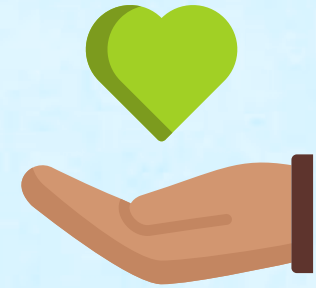
**136**  
children rescued from trafficking and  
**83**  
graduated from our care



**0**  
reported incidents of child trafficking from Humla since 2016

# 20 years of impact

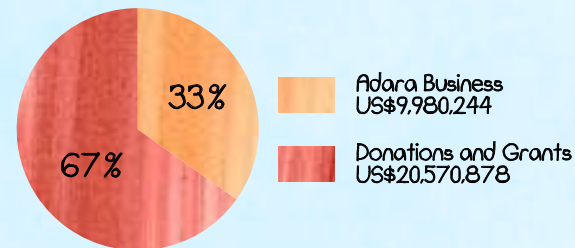
## 20 years of generous support



**100s**  
of direct and indirect staff and volunteers through the Adara Group and our amazing partners

**21**  
pro bono secondees from our partners at PwC, Deloitte, Allens and Minter Ellison

Funds donated over 20 years



**100%**  
of all core support and administration costs paid for by the Adara businesses and other core support donors

## 20 years of business for purpose

**2**  
solely "for purpose" corporate advisory businesses embedded as funding engines for Adara Development

**US\$9.98M**  
**(AUD \$12.3M)**  
donated by the Adara businesses to Adara Development's work

**14**  
Adara Panel Members providing corporate advice as volunteers for Adara Partners



Adara Partners advised on transactions for some of Australia's leading companies

**Thank you for being a part of our journey!**

# 20 years of business for purpose



**A group of business people negotiate the successful end to a complex commercial mandate. They work late in a board room in Sydney, with the shimmering lights of the city in the distance behind them.**

Hundreds of thousands of kilometres away, in a village high up in the Nepali Himalayas, a five year old girl attends her first day of school. She takes a tentative first step into her classroom at Yalbang School.

Papers are filed, clients are thanked and the Adara Panel Members end their long day in Sydney. Nerves and excitement abound in the remote Nepali school. Although from vastly different worlds, those investment bankers, financial services professionals and little girls far, far away are now connected – they are all part of the Adara family.

After 15 years of running Adara Advisors, our first “for purpose” corporate advice business, our founder Audette Exel had an idea. Cooked up over beach walks, mad dreaming and endless discussion around models of business for purpose, she formulated the concept of a second corporate advisory business. The idea was to think bigger – to build a larger, more sustainable business,

and to involve the best of Australia’s corporate advisors in the process. They would lead corporate advice work entirely outside of their home firms as volunteers to Adara, and all fees generated would go to funding service delivery to the poor. And so Adara Partners was born in 2015.

Adara Partners advises some of Australia’s leading companies, and receives time, pro-bono, from a group of some of the most experienced advisers in Australia who operate under a Panel Member structure to provide advice to Adara Partners’ clients.

The business focusses on senior advice and wise counsel which best leverages the experience and skills of the Panel Members. It has completed a range of assignments since launch for listed companies, private companies and family groups. It is fully licensed and has been appointed to the panel of approved advisers for the NSW State and Federal Government. 100% of all profits generated by Adara Partners go to support the work of Adara Development.

Graham Goldsmith, former Vice Chairman of Goldman Sachs Australia, is one panel member using his skills to battle poverty. Graham says: “After years as an investment banker at Goldman Sachs, I am very proud to be able to use my skills and volunteer as an Adara Partners Panel Member.

Through that, I can contribute to the great work of the Adara Group with people in huge need in the world’s most remote places.”

We are so proud of our two businesses, Adara Advisors and Adara Partners. Together they have donated US\$9.98 million (AUD\$12,3 million) dollars to our work with people in extreme poverty. They have become known as leaders in the business for purpose movement and have demonstrated the power for business to be used as a force for good.

“I believe that the financial services industry has a great deal to contribute to the wider community,” says Graham. “And this is one way we can do it, using our skills for purpose.”

The Adara Panel and our business team head home for the night. A feeling of contentment settles over them. Not only do they have a happy client, but the fees from their work will now have a massive impact on the lives of people living in poverty in some of the world’s most remote places.

Back in the Himalayas, school ends for the day. A little girl runs home to tell her Mum and Dad about all she has learnt – and her journey to an educated, safe and happy future begins.





# The Adara Group businesses at a glance

**US\$9.98M**  
(A\$12.3M)

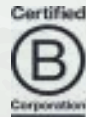
in total donated  
to support Adara  
Development between  
1998 and 2017



**US\$1.1M**  
(A\$1.4M)

donated in 2017

## Adara businesses are Certified B Corps



We are proud that both our Adara businesses are B Corps. The B Corp movement seeks to redefine success in business, and to certify and support companies as a force for good.

Certified B Corps meet the highest standards of verified social and environmental performance, public transparency and legal accountability, and aspire to use the power of business to solve social and environmental problems.

In 2017, Adara Partners joined the movement of more than 2,400 organisations around the globe harnessing the power of business not just to be the best in the world, but to be the best for the world.

## The Adara Partners Panel

Ilana Atlas

Tim Burroughs

Catherine Brenner

Guy Fowler

David Friedlander

Graham Goldsmith

David Gonski AC

Matthew Grounds

Christian Johnston

Diccon Loxton

Peter Mason AM

Mike Roche

Steven Skala AO

Philippa Stone

# 20 YEARS OF MATERNAL, NEWBORN & CHILD HEALTH



**The Adara team first went bumping down the red dirt road to Kiwoko, Uganda in 1998. At the time, Kiwoko Hospital was only 10 years old. A small team of devoted medical staff worked around the clock to help so many in need.**

Nestled in the heart of the Luwero Triangle, the area was recovering from a civil war which had devastated the region just over 10 years earlier. The land was rich with life and colour, the people kind and quick to smile, but poverty and struggle were ever present.

Our work began simply – supporting the hospital's outreach health services in the community by delivering basic primary-care interventions such as immunisation and sanitation services.

Soon we realised this was not enough. At the hospital, many pregnant women were dying from entirely preventable conditions. The maternity ward was tiny and outdated. It had no running water, inconsistent power supply, and often during a delivery, blood would pool on the floor. In the face of the HIV/AIDS epidemic, every single day staff and patients alike were at huge risk.

Babies were dying from easily treated conditions such as jaundice. Without the simple intervention of light therapy, medical staff had no choice but to stand outside with the babies in their hands, trying to catch rays of sunlight. In rainy season, and on those cloudy days, the babies would die. There was a desperate cry from the community for maternal and newborn health services. Adara listened.

We began work, hand in hand with the dedicated teams at Kiwoko. From building the first hall for their community based health care services, we moved to build, staff and co-manage a unit to care for small and sick newborns – Kiwoko Hospital's first neonatal intensive care unit (NICU). Working in deep partnership with the hospital and their teams on the ground, our first maternal, newborn and child health programmes began. The programmes continued to grow. By 2010 we stood together as they opened a new 78-bed maternity ward and a bigger and better NICU. Mothers and babies were living. The word was out – come to Kiwoko to have your baby.

Fast forward to 2018 and it's hard to fathom how much has changed. The hospital that once started as a clinic under a tree now serves an area of more than 800,000 people. It is now recognised as a centre of excellence in maternal and newborn health in East Africa and the learnings from our journey into facility-based care are being shared on a global stage.

# OUR WORK

The Adara Group's maternal, newborn and child health (MNCH) work makes a significant contribution to ending the preventable deaths of women, children, adolescents and particularly newborns.

# OUR IMPACT IN 2017



**3,745**

women received care in Kiwoko Hospital's maternity ward



**39%**

increase in admissions to Kiwoko Hospital's maternity ward since we opened it in 2010



**5,186**

antenatal appointments were held for expectant mothers



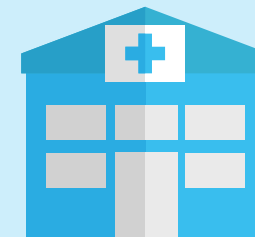
**1,123**

babies received care in Kiwoko Hospital's NICU



**89%**

survival rate for babies admitted to the NICU



**8,358**

children received lifesaving immunisations in the Nakaseke community

## A night in the maternity ward

### **It's 2am but the night is only just beginning for the dedicated midwives in Kiwoko Hospital's maternity ward.**

It has been a long few hours. Three mothers have already been sent to theatre for caesareans. One baby was rushed off to the NICU shortly after birth, born four weeks too soon. Thanks to the deep partnership between the Adara Group and Kiwoko Hospital, each is now receiving expert care from the dedicated Kiwoko staff.

Machines beep, nurses talk softly, women close their eyes and hope. Eventually the sun begins to rise. By morning, five new lives have been brought into the world. It may have been a long night but it was worth it.

"I really feel supported here," says Rachel, who recently gave birth at Kiwoko Hospital. "These are services I couldn't get anywhere else."

Shortly after birth, a nurse noticed that Rachel's baby girl was severely dehydrated. Her skin was very dry and was beginning to develop small cracks. The baby was promptly admitted to the NICU. Rachel has remained in the hospital alongside her baby for the past couple of days and has seen a remarkable improvement in her baby's health. Soon they can both go home.

"The doctors and nurses are so friendly," Rachel says. "They explain everything to you so you understand."

Rachel is just one of 3,745 women who chose to give birth at Kiwoko Hospital in 2017. She is one of more than 30,000 women who have laughed, cried and rejoiced in this ward since 1998.

But it is a sad and sobering reality that giving birth is the event most likely to take a woman's life in Uganda – 1 in every 47 women die in childbirth. The work done by Adara and Kiwoko saves countless important lives.

"I think the good care we are giving, that's why mothers come from all around, and good midwives, skilled ones," says Sister Hajara, head of the maternity ward.

Since Adara partnered with Kiwoko Hospital on the construction and resourcing of a new maternity ward in 2010, admissions have increased by 39%. We have also seen a 76% increase in life-saving caesareans in that time.

Sister Hajara is proud of the place the Kiwoko Hospital maternity ward has become. She is confident that the number of women visiting the hospital to give birth will continue to rise. Even the past couple of years have seen a huge change in the ward, she says.

"There has been a very big change in deliveries, admissions and reduced stillbirths because we have well-trained and skilled midwives."

But after seeing the caring and joyful way these midwives interact with the women and babies, clearly they aren't just skilled. They also love what they do.

Sister Hajara smiles widely when we ask why she loves being a midwife at Kiwoko Hospital.

"When the baby comes out kicking and crying, you think, 'Wow, I've brought someone into the world,'" she says.

And they do – every single day.



## Kiwoko Hospital's tiniest clients

**Faith pauses for a moment, a gentle smile on her lips, as she reflects on the newest additions to her family. She tells us she was already six months into her pregnancy when she found out she wasn't just expecting one baby, but three!**

"I was very happy and excited," says Faith, the smile spreading across her face. A mother of two already, Faith couldn't wait to see her family grow.

But when it came time for the birth of her babies, Faith knew something wasn't quite right. They were earlier than expected and her heart was racing. Her blood pressure was dangerously high. She had pre-eclampsia – one of the two biggest killers of women in pregnancy. The staff at Nakaseke Hospital knew the best place for Faith was Kiwoko Hospital's maternity ward and the best place for her triplets was the Adara-Kiwoko NICU. She was rushed into the loving arms of the Kiwoko team.

Not long after she arrived, Faith welcomed three identical little girls into the world. Ranging in size from 1.6kg to 1.8kg, they were small but otherwise healthy. They were admitted to the NICU, where they remained for several days. Faith was admitted to the pre-eclampsia unit for monitoring and care.

"Since I've been here, the doctors and nurses have been so attentive," says Faith. "Any time something has gone wrong, they have been so quick to help."

Faith invites us along to meet her girls in the NICU. The three lie together in the incubator, happily sleeping and breathing without assistance. But it isn't always like this.

Multiple preterm births can be scary and dangerous anywhere in the world, but even more so in places like Uganda. Here, more than 12,500 children under five die due to preterm complications every year. Faith is lucky to have access to the expert staff and care at Kiwoko

Hospital. She is lucky to have given birth in a hospital with a remarkable NICU, which can ensure her babies receive the care they need.

Faith's girls are among 7,627 babies who have received care in the Kiwoko Hospital NICU since 2007. Originally a small unit, with just 12 beds, it has grown astronomically. By 2006 it had outgrown its capacity. In 2009 new facilities were opened. It now has 42 beds, which are nearly always all occupied by Kiwoko's tiniest clients.

The Adara Group has taken a comprehensive approach in the Kiwoko Hospital NICU, demonstrating the impact of an integrated model of care. This encompasses not just training and clinical support but also ensuring that the hospital has adequate facilities, staffing, equipment and supplies – everything it needs to provide high-quality care.

"Over the years, overall survival in the NICU has soared, from 77% in 2005 to 89% in 2017. Survival for low-birthweight babies (those weighing less than 2.5kg) has also increased from 61% to 88% between 2005 and 2017.

Back in the NICU, one of Faith's little girls stretches her hand out to her sister. For a moment they are almost holding hands. Two decades of stories full of hope, love and gratitude represented so beautifully by these three newborn lives.



## Laying the foundations to save more newborn lives

**They stand together: two nurses and a neonatologist from Seattle; the Adara Group's Global Health Manager (Uganda); and a Senior Hospital Administrator from Nakaseke Hospital.**

This small group has been tasked with implementing the first stages of Adara's newborn work here in Nakaseke in Central Uganda. Five people from different backgrounds and leading vastly different lives, united in vision.

They meet outside the sprawling Nakaseke Hospital, located 17km from Kiwoko Hospital. Nakaseke Hospital is large but under-resourced, and the only public facility for a catchment of 1.7 million people.

Together the group walks through the halls of the hospital, through the maternity, labour and delivery unit to the empty room that will eventually become the home of the special care nursery. The room is small but bathed in natural light, with a low counter, a sink and an incubator desperately in need of repair.

Here, the next stage of Adara's newborn health work has begun – both through service and through knowledge sharing.

This project is part of Adara's long-term plan to reach more women and newborns in need. The overarching goal of the programme is to reduce newborn mortality and morbidity to meet or exceed the standards set by the United Nations' Sustainable Development Goals. To do this, we will work with partners to increase newborn care capacity by providing training, mentoring and guidance.

To test this approach, we are piloting our newborn programme in partnership with Nakaseke Hospital. We will work with Nakaseke for the next two years to develop a special care nursery at the hospital. Based on our learnings, we hope to then work with

other facilities, guided by the panel of Ugandan newborn experts Adara has formed to help us build this work.

As the work at Nakaseke begins, the Adara Group team buckles down for three days of training with a group of midwives. The training is based on globally recognised programmes as well as theoretical and practical advice from experienced clinicians. We help develop nurses' critical thinking skills so that they can react appropriately and respond quickly to their patients' needs.

Adara is also developing a training manual specifically for nurses and midwives working in low resource settings to explain how newborn and premature babies' systems work differently and require different care and services. We believe this manual will help nurses who are new to newborn care, develop critical thinking skills and support our current training.

Over the following months, these nurses will also travel to Kiwoko Hospital to receive additional training in the Kiwoko NICU. They will have a chance to work side-by-side with experienced NICU nurses providing hands-on care. Sister Christine Otai, Adara's Uganda Global Health Manager, will then spend two days a week at Nakaseke Hospital to mentor, train and support the nurses.

Once Nakaseke has the staffing it needs to run the special care nursery, it will be able to officially open with fully trained nurses and excellent facilities. The unit will be busy saving newborn lives, and Adara Group will be taking the learnings from this work to touch many more globally.



## Behind the scenes at PATH

**The room is buzzing. The PATH product development shop is full of medical engineers finessing devices that they hope will one day make it out into the world. With goggles on and heads down, the team is designing, adapting, and developing lasting technologies that are appropriate for resource-limited settings, particularly in Africa and Asia.**

The Adara Group is proud to partner with PATH, one of the world's leaders in global health innovation, working with partners to disrupt the cycle of poor health. If anyone can help us develop a technology to make a lasting impact on the lives of people living in poverty, it's them.

Today, the PATH and Adara teams are focused on a low-cost bubble continuous positive airway pressure (bCPAP) kit with an oxygen blender to help newborns suffering from respiratory distress syndrome (RDS). In the developing world, RDS is the most common cause of disease and death in babies born before 34 weeks' gestation. In developed nations, elaborate machines and treatments are available to make sure babies get the support they need to breathe and survive. But for babies in low-resource settings, RDS is often a death sentence.

The Adara Group has been collaboratively developing this technology with our partners PATH, the University of Washington Department of Paediatrics, Seattle Children's Hospital, and Kiwoko Hospital for the past 5 years for use in health facilities in low-resource communities around the world.

For infants with RDS, continuous positive airway pressure is a life-saving technology. It gently pushes pressure into the baby's lungs, keeping them inflated and decreasing the work required to breathe. However, most devices available are expensive and rely on electricity to run.



In low-resource settings, many clinicians improvise bCPAP devices out of tubes, tape, plastic bottles, and other materials at hand. These improvised devices can be unsafe, as the pressures generated by the pieced-together system may be unreliable and it is not feasible to improvise an oxygen blender—especially without a source of pressurised air. Without a blender, 100% oxygen is delivered to the newborn as it is often the only pressurised source of gas available in these circumstances. For premature babies, delivery of 100% oxygen is toxic and can result in blindness, lung injury or brain damage. It is important to blend the oxygen with air to reduce the oxygen concentration to an appropriate level for each patient. However, the blending process can be very complicated, and many low-resource settings do not have the necessary knowledge, equipment, or electricity.

To address these concerns, Adara, PATH and our partners have developed an inexpensive bCPAP kit which does not rely on a power source. To ensure better safety, it also includes two ingenious fixed-rate blenders that do not require a source of pressurised air to operate. The blenders combine the room air with the 100% oxygen source, thus “customising” the amount of oxygen delivered to the baby.

Many years of working in newborn health care in these settings have laid the foundations for perhaps some of our most important work. In 2018, the Adara Group and our partners will begin an early feasibility study for the use of the bCPAP kit at Kiwoko Hospital. After testing, with any appropriate modifications to be made, this low-cost device will likely be commercialised and made available to facilities across the world, saving countless lives.

## Reaching out to the community

**A large group of mothers and children gather under a tree. They sit at tables and chairs dragged out from a nearby school. The red dirt under foot and expansive grey-blue sky overhead feels like the perfect setting for this important meeting.**

Beatrice, a nurse, moves to the centre. She explains the importance of immunisations and demonstrates how to fill out a child's immunisation cards. The children are perched on their mothers' laps, chattering loudly and wriggling around. They don't understand what all the fuss is about.

Today is the community's monthly safe-motherhood clinic, run by Kiwoko Hospital's community based healthcare (CBHC) team. It's one of 22 clinics the Kiwoko CBHC team will conduct this month, bringing outreach health services to the people of the Kikamulo sub-county. Here, mothers have the opportunity to come together and learn about antenatal and postnatal care, newborn follow-up and immunisations for babies and young children. They also learn about

contraception and family planning, and receive invaluable advice on caring for an infant.

For today's safe-motherhood clinic, school desks are turned into immunisation stations. A scale is slung over a mango tree to weigh the babies, allowing the team to monitor their growth. As always, the clinic is attended by nurses, midwives and many mothers who come and go throughout the day.

"The mobile clinic is very helpful," says Grace. "I don't have easy access to a hospital but the clinic is so convenient. You can get the services you need without worrying about transport."

Grace has six children, including cheeky twin boys, Kato and Wasswa, who are two years old. They were born at Kiwoko Hospital and admitted to the NICU shortly after birth. Grace now regularly attends the safe-motherhood clinic. This means she has experienced at first hand the full continuum of the excellent maternal, newborn and child health services delivered through our deep partnership with Kiwoko Hospital.

Today Grace's twins are at the clinic to receive their immunisations. They eye their mother warily, as if they know what's about to happen. Grace takes them over to the nurse, who calms the little boys and expertly takes Kato's arm. He cries for a moment. But before he knows it, it's all over. He now has protection from many preventable diseases, such as measles that once devastated this community.

In 2017, 8,358 children were immunised through these outreach clinics and 452 children completed their full immunisation schedule. In the past five years alone, more than 47,000 children have been immunised against dangerous and deadly diseases through this programme. Tens of thousands of antenatal appointments have also been held for expectant women, providing them with essential information about pregnancy and motherhood.

Kato goes back to playing with his brother now, the brief pain of the needle quickly forgotten. One little needle and Kato's future is already looking brighter.

## Village Health Teams leading the way

Godfrey is one of the Adara-Kiwoko trained Village Health Team (VHT) members. VHTs are volunteer community-health workers, acting as the first point of contact for health services. They are trained to share basic health information with the community and refer people to higher levels of healthcare. The training of VHTs focusses on improving maternal and newborn health as well as promoting antenatal and postnatal care, and emphasising the importance of having a skilled attendant at birth.

Godfrey's desire to be a VHT was driven by his love for the Kiwoko community.

"I wanted to become a VHT because I was wondering why some villages were so different from ours," Godfrey says. Growing up, people in his community often did not have latrines or permanent homes. Without access to these basic facilities, they would become sick.

Godfrey says he has enjoyed learning about health and receiving a first aid certificate.

"We learnt about immunisations, how to care for pregnant women and serious illnesses among newborn babies," he says. "But now I want to learn more."

Godfrey is pleased with the change he has seen in his community over the years. Hand in hand with Kiwoko Hospital, 100 individuals now volunteer each quarter. We will continue to train VHTs like Godfrey, feeding their ever-growing desire to learn more and help their community.







## Giving hope to children living with a disability - ABAaNA

**At first glance, the room looks like a child's dream come true. Bright and colourful blankets line the concrete floor. Strewn across these are various toys: buckets, balls, building blocks, toy cars, plastic cups. A small group of three infants and their mothers sit among the sea of colour, the children happily playing while their mothers watch on.**

But today these toys aren't merely for fun and amusement. They're part of an important test. Sister Christine, a veteran nurse and Adara's Uganda Global Health Manager, sits with the children, watching them play and observing what they can do. She helps one boy stand up, stretching his little arms high above his head. After each observation, she records her findings on a clip board.

These simple activities are part of the Malawi Developmental Assessment Tool (MDAT), a test used in developing settings to gauge a child's developmental progress. It's a quick and culturally appropriate way of identifying potential neurological disabilities in young children.

In 2017, the Adara Group's collaboration partner, the MRC/UVRI & London School of Hygiene and Tropical Medicine Uganda Research Unit was awarded a Saving Brains, Grand Challenges Canada grant to develop and test a community-based early-intervention programme for infants at risk of disability and their carers. It is known as the ABAaNA Early Intervention Program. 'Abaana' means 'children' in Lugandan, the dominant local language. Adara is an implementation partner for this award and we are working with the Uganda Research Unit to test this approach.

We know that it can be challenging even for a parent in the developed world to find the best resources for their child with a disability. However, when the child lives in a community such as

Nakaseke, Uganda, the lack of resources, social isolation and stigma can severely impact them. This can be a massive challenge for parents and carers. They may know that something is happening with their child but not know what, the extent of it, or what they can do. Sometimes it can take years for the actual diagnosis to be made.

Early intervention for these infants is critical. Many parents of children with delayed development and disability lack the knowledge and confidence to care for their child. Malnutrition is also common because of the feeding difficulties children with a disability often experience. Our early intervention programme aims to provide a holistic and cost-effective solution to care for affected children and improve their health, wellbeing, growth and functioning. It aims to empower parents to care for their children through improving their understanding of their child's need and boosting their confidence in giving supportive care.

Today's assessment session – as well as many more that will follow – marks some of the first steps of the ABAaNA early intervention study. The infants are screened for developmental delay, and those found to have a disability are recruited into the study. A total of 126 infants between six and 11 months old will participate in the study from Kiwoko Hospital and surrounding areas, as well as from Mulago Hospital, the largest public referral hospital in the country.

Soon, many parents will be able to understand more about what is happening to their child, and what they can do to improve even the smallest things in their day-to-day lives.

When this study concludes in 2019, the findings will be published and shared widely with families, the Disabled Persons Organisations body and local and global researchers and policy makers. If proven successful, Adara and our partners will assess how we can use this model and share learnings to benefit children with developmental disability across the globe - providing support and hope for millions of affected families.

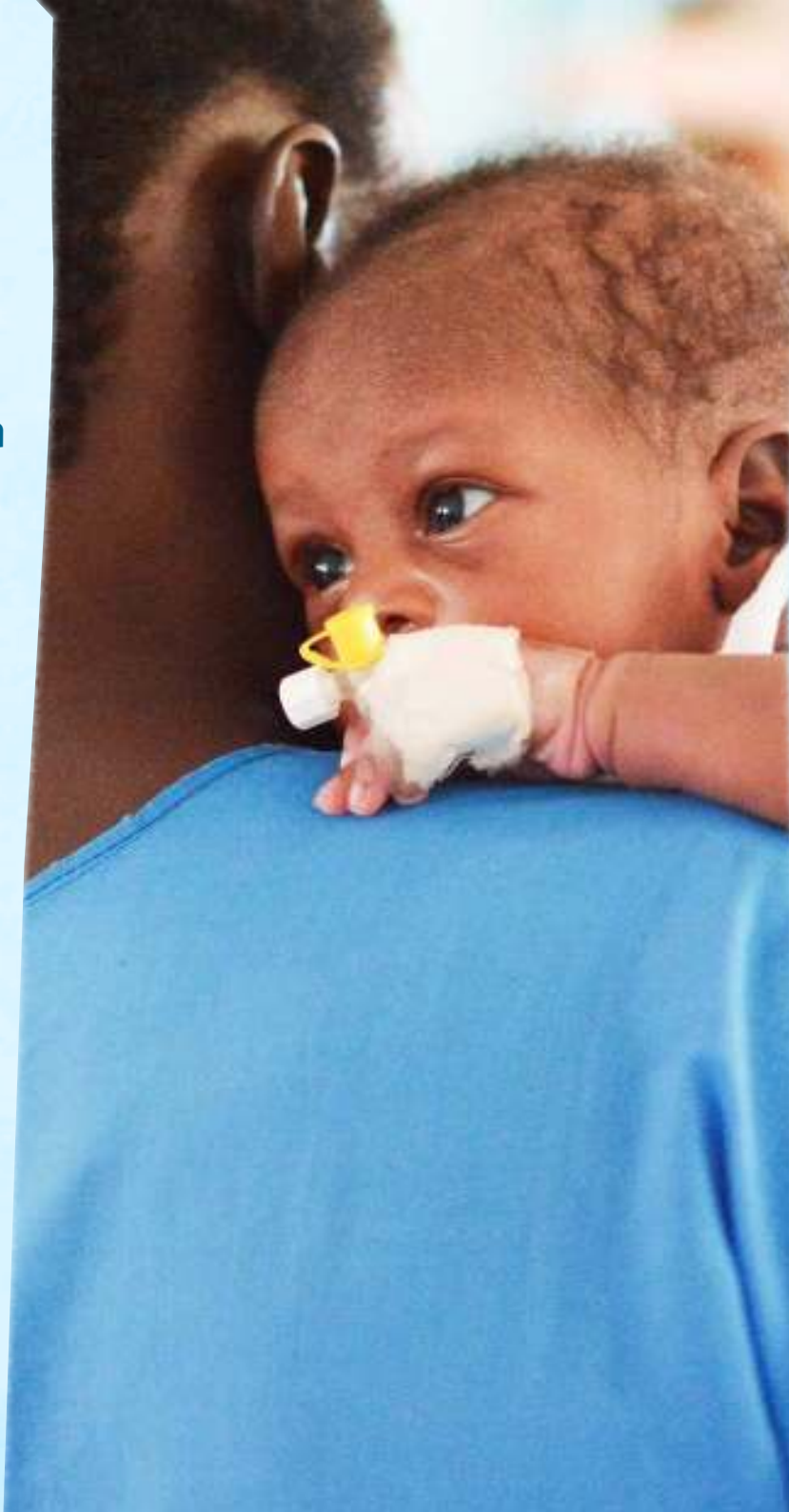
# THE ROAD AHEAD

## Newborn follow-up: from hospital to home

**Newborns who are considered high risk – particularly those born preterm or low birth weight, or who experience serious illness at birth – often face significant nutritional and/or developmental challenges.**

Though more high-risk infants are now surviving in low-resource settings thanks in part to the increasing development of NICUs, very few follow-up programmes exist to ensure these infants receive the ongoing care needed upon discharge from the hospital. Due to many challenges such as caring responsibilities and a lack of access to transport, only 32% of babies discharged from the Kiwoko Hospital NICU return for their two-week follow-up appointment. By the fourth month, only 8% return for care.

As part of our new strategic plan, we will be focusing on deepening the mother-baby loop to ensure babies receive the support they need once they leave the Kiwoko Hospital NICU. Adara's "Hospital to Home" project aims to develop and pilot a holistic, low-cost, family-centred discharge package. It will focus on strengthening discharge processes and practices at Kiwoko Hospital, and will bridge the community/facility divide with an outreach network of highly trained village health teams to reach families at home. By identifying issues and intervening early, these infants will have the opportunity to reach their full potential.



## Charting a path towards a brighter future

**The Adara Group works hard to consult with and learn from key actors in the newborn health space, including the National Newborn Steering Committee in Uganda.**

As we move forward, we will be working to bring together and support Ugandan newborn champions to discuss the future of newborn health in the country. Kiwoko Hospital, as a centre of excellence in newborn health, provides the space and opportunity for consultation and meetings.

Stakeholder meetings are an opportunity for clinicians and hospitals to share their goals, share tools such as admission and referral forms, agree on consistent data collection and clinical guidelines and to work to form one voice to champion for newborn health in the country. Bringing together the leaders in this area is also an opportunity for us to showcase the tremendous work done at Kiwoko Hospital to save babies' lives – and to showcase the "art of the possible" for remote NICUs. Adara is proud to play a role in working with key leaders to chart a path towards a brighter future for newborns around the world.

## William's vision of an HIV-free world

**“There is hope for a world free of HIV,” says William Kiwanuka, head of Kiwoko Hospital's HIV Department. “I believe in that. That is my vision.” This is a deeply personal quest for William.**

Twenty years ago, William's vision might have seemed impossible. When the Adara Group first began working in Kiwoko, HIV prevalence rates in Uganda were at an all-time high and the stigma associated with the disease was huge. Many people were too scared to seek treatment.

“Many people used to believe in witchcraft, so they would not come up for treatment,” William says. “When someone had HIV, they thought, ‘I am bewitched!’”

What a difference 20 years makes. William's vision for the future can be seen on the horizon. It is no longer out of reach.

The Adara Group has partnered with Kiwoko Hospital providing support to clients with HIV/AIDS since 1998. Through counselling, health education, medication, nutrition, and inpatient and outpatient hospital treatment, we have provided support to thousands of people living with this terrible disease. We also provide orphans and vulnerable children with educational support, giving them the opportunity to attend school without stigma. There are currently more than 2,850 patients supported by the Kiwoko HIV clinic.

Kiwoko Hospital also employs expert clients – people living with HIV who can share their experiences with people in the community. They also discuss the importance of testing, ways to prevent the spread of HIV, and how to live a happy and positive life after being diagnosed with HIV.

Margaret is one such expert client. She has been living with HIV for many years. Although she has come to terms with her condition now, in the first few years it was a huge challenge, she says.

“In the beginning it was not easy. I was so scared, anxious and worried,” she says. “But after enough counselling, I became strong. Now I have no worries.”

Margaret has seven children, all free of HIV. Kiwoko Hospital offers a Prevention of Mother to Child Transmission (PMTCT) programme, which has benefited many in the community. In 2017, 100% of all babies born to HIV-positive mothers enrolled in the PMTCT programme were HIV-negative.

William is proud of the progress he has seen at Kiwoko over the years, though he knows there is still a long way to go.

“We won't give up,” he says.





# 20 YEARS OF REMOTE COMMUNITY DEVELOPMENT

***“We went up to this remote village in Nepal and took bags of medicine with us. We put our supplies on the backs of donkeys and walked from village to village. They hadn’t seen a doctor in over a year. We had over 100 people lining up outside the tent each day.”***

**– Audette Exel, 1998**

The year was 1998 and Adara was only just beginning our work in Humla, Nepal. Humla is incredibly remote, sitting high in the Himalayas – a series of villages seemingly perched on the edge of cliffs and steep valleys. Back then, this beautiful and vibrant region was a 25-day walk from the nearest road.

The area had only a small cash economy, with communities relying heavily on farming to survive. When winter came, entire communities would be snowed in for months, struggling for food and sustenance. With fields to be ploughed and yaks to be herded, there was little time for children to go to school or learn to read and write. As a result, the Humla district had some of Nepal’s lowest literacy rates.

In Adara’s first steps in Humla, patients were treated, village health workers were trained and plans were drafted for the coming months. It became devastatingly apparent there was a huge need for healthcare and education.

And so our work began.

We started by rebuilding a school in the village of Yalbang and an accompanying hostel for children of the area. We established an outreach health programme, providing the people of Humla with access to quality health services. Over the years, our work expanded to nutrition and economic development projects, infrastructure works like pit latrines and smokeless stoves, anti-trafficking initiatives and disaster relief in Ghyangfedi, a small community northeast of Kathmandu, following the devastating 2015 earthquake.

Now 20 years later, we look back and see the phenomenal impact of this work. Thousands of girls have now received an education, when historically this would not have been the case. Yalbang School has been recognised throughout all of Nepal as a leading remote school. And healthcare services are within reach for all Humlis.

# OUR WORK

The Adara Group's remote community development work makes a significant contribution to ending preventable deaths of women, children and disadvantaged people in isolated communities. We do this through quality healthcare and improved access to quality education for disadvantaged children and youth.

# OUR IMPACT IN 2017



**45%**

increase in students enrolled in Adara's partner schools in Humla since 2011



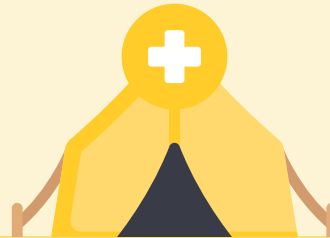
**670**

students given scholarship support, including school supplies, uniforms, bags and shoes



**3,351**

patients treated at Adara's three partner government health posts



**2,827**

people treated at Adara's annual mobile medical camp at seven stations over 2 months



**0**

reported incidents of trafficking from Humla in 2017



**235**

students attending the Shree Ghyangfedi School

## Humla health

**Batsal sits behind a large wooden desk. His patient Taral is perched on a chair next to him, his arm stretched out between them. Their meeting place is a local health post in the small Humli village of Chauganfaya.**

Behind the pair, the walls are lined with shelves filled with medicines and essential medical supplies. Batsal, one of the community's health workers, inspects the collection now and picks up a small bottle of antiseptic.

For the past few weeks, Taral's hand has been throbbing. A small lump has developed into a large abscess. It has made activities such as playing with his children and working in the fields very difficult and painful. Eventually, after weeks of discomfort, he decides to consult an expert.

The small room is full of Taral's family – his wife, three children, even his mother. Everyone watches with interest as Batsal pulls on a set of plastic gloves. He begins disinfecting Taral's hand and pulls out a needle to drain the abscess. In less than a minute, the procedure is done. Batsal finishes by giving Taral some antibiotics. Already the intensity of the discomfort has begun dissipating.

Taral's problem was easily treated. However, for many living in Humla, if they become ill they often have no choice but to go without treatment. This means that something as simple as an abscess or common cold can develop into something far more sinister.

Humla has serious gaps in health service access. Many villagers have gone their whole life without ever seeing a doctor. The region has one under-equipped and understaffed district hospital for a population of more than 50,000. Many areas do not even have government health posts and people have to walk for days to seek treatment. Often, when they do make it to these facilities, they leave empty-handed due to medicine shortages or health worker absences.

The Adara Group is tackling these issues holistically, through both prevention and treatment. To reduce the likelihood of illness occurring, we run prevention programmes with three main focuses: health awareness education, nutrition improvement, and hygiene and sanitation. This includes the provision and support of health infrastructure, including hydro and solar power, indoor lighting, smokeless metal stoves, pit latrines, drinking water systems, greenhouses and solar driers.

We also want to make sure that if Humlis become ill, they can access quality services. Adara works to improve health services through emergency mobile medical camps, a travelling Tibetan medicine practitioner and health-post improvement projects.

These projects ensure that countless people like Taral receive the care they need all year round. The health post Batsal attends in the village of Chauganfaya is providing healthcare to more than 1,000 people, offering health counselling and dispensing medicine where needed.

"Since Adara started supporting us, many of the villages now get health services," says Batsal. "It is true, without these medicines, health workers and this health post, there would be epidemics and disease throughout Humla."

In 2017, 3,351 patients were treated in five health posts in Adara's target villages.

With his hand now bandaged, Taral thanks Batsal and begins his short 15-minute walk home. He lifts his youngest child into his arms, rejoicing that he can now play with her once again.



## Tibetan medicine

**The Adara Group has worked with Tibetan Medicine Practitioners (Amchis) since 2003 to visit and treat communities in upper Humla and fill gaps in the mainstream healthcare system. Amchis can reach some of the most inaccessible and remote villages where other medical services are not available. This programme provides free health services to the people of Humla.**

Tibetan medicine, based on the herbs and natural products of Tibet and the Himalayas, has existed for thousands of years. It is a rigorous discipline, requiring years of hard study to attain mastery. It is one of the most ancient, well-documented, living medical traditions in the world.

Amchi Kelsang is Adara's Tibetan Medicine Practitioner and is deeply respected throughout the Tibetan community in Humla. Amchi Kelsang provides treatment and recommendations on long-term illnesses. He also educates on sanitation, the prevention of disease and the spread of germs. He encourages villagers to utilise the local medical clinics when they fall ill. And he raises awareness of the importance of healthy living and eating.

"I know that everything I do here is helping the poor and deserving people of the region," says Amchi Kelsang. "After working all these years, I have gained a deep love and respect for the people, and I am happy to serve them for as long as I can."

Over the past 11 years, Adara's Tibetan medicine practitioners have treated more than 13,000 people through traditional herbal medicine. Amchi Kelsang now has an intern, Pema Lhamu from Kathmandu. He will be spending the next few years teaching her all he knows, providing her with the skills to take over when he eventually retires.



## Mobile medical camps providing relief for devastated families

**In June 2017, 37 of the 75 districts in Nepal were devastated by floods and landslides triggered by heavy monsoon rains. In all, 1.7 million people were reported to have been affected. Nearly 461,000 people were displaced from their homes. At least 160 people died.**

We are proud that our Adara Nepal team did its part to reach people in need. The Adara Group, in partnership with the Himalayan Medical Foundation and in collaboration with the Government of Nepal's Central Child Welfare Board, District Child Welfare Board and District Health Office, worked in the district of Parsa to deliver emergency medical care. The camps were set up specifically for these relief efforts.

Over three days, 1,792 people received emergency medical care through our mobile medical camps.

Adara also conducted a mobile medical camp in Humla in 2017, reaching 2,827 people in seven villages with quality health services provided by Nepali doctors, nurses, and specialists.

## Education for change

**“Ever since I was little I’ve wanted to be a nurse,” says Ditya, who is in her final year at Yalbang School. “We don’t have good health services here in Humla. So I want to go and become a nurse and bring my knowledge back to the people of Humla.”**

Ditya is originally from Chhipra, a Humli village a long way from any roads. Ditya went to boarding



school in Kathmandu until she was in grade six. Her family lives far from any schools in Humla, so her parents thought this would be the best way for her to receive a quality education. When they found out about the excellent education offered at Yalbang School, they were excited to know Ditya could attend school much closer to home.

Twenty years ago, on her first trip to Humla, Adara Group founder Audette Exel met a man on a mountain with a dream. His name was Kumar Lama. He wanted to create opportunities for all Humli children, and to eliminate the need for parents to send their children out of Humla to receive a quality education. All these years later, that dream has become a reality for children like Ditya.

“The main reason for establishing this hostel was because the settlement and the villages are scattered,” says Kumar Lama. “It takes several hours, or even days, to get from one village to another.”

Since 1998, Adara has partnered with Kumar’s Humla-based non-profit organisation, the Himalayan Children’s Society, to improve the infrastructure and quality of education by building and equipping Yalbang School, a primary and lower-secondary school. The school also has a hostel where children can stay while studying so they do not have to walk long distances to and from school.

Adara supports the hostel to ensure children have nutritious food and are cared for by dedicated teams. Adara also provides scholarships to students in the form of uniforms and textbooks, and funds the salaries of three teachers.

Ditya now goes to school in Yalbang and lives at one of the Adara supported hostels so she doesn’t have to walk for hours each day.

“I like being able to go to school here,” she says. “I feel like we’re linked with our culture and language.”

Today the Yalbang School is an amazing government school. Originally a small room with three students, it now has 286 students, 16 teachers and 222 students living in two on-site

## Eliminating child trafficking through education

*With improved school and education facilities in Humla, parents no longer need to send their children away to receive an education. This limits opportunities for child traffickers.*

*In the past, trafficking was a huge problem. Traffickers would deceive parents who wanted better education for their children. They would promise parents to take their children to Kathmandu for schooling. They would then forge false documents so the children looked like orphans.*

*The children would never make it to school. Instead they ended up in orphanages and were made to beg on the streets. By providing access to quality education in the district, we are undermining and reducing opportunities for child trafficking.*

hostels. Children from all around Humla come to attend school here.

The Yalbang School was Adara’s first ever project in 1998. In 2017, it was named as one of the best five schools in remote districts of Nepal by the Ministry of Education among 30,000 government and 7,000 private schools in Nepal. It serves as a model for remote schooling throughout the country, and was the foundation for our work in earthquake affected Ghyangfedi. It also serves as the cornerstone for our work creating child friendly classrooms, and public private partnerships for children in remote places.

We are so proud of the beacon of hope and the model that the Yalbang school has become.



## Kids at risk

**“I was only seven years old when my mother died of an ulcer,” says Sejun. “And after that, some people in the village knew about homes in the cities where they take orphan kids.”**

Sejun’s hands clench together as he recalls living in terrible conditions in Kathmandu many years before.

“They thought we would be best in Kathmandu. They collected necessary documents to show we were orphans, and I along with my brother was sent away.”

This was the last time Sejun saw his brother. He suspects he was taken over the border to India, and likely into the trafficking trade.

During the insurgency in Nepal, sadly, Sejun’s story was a common one for many Humli children. Parents and carers desperate to protect their children took any opportunity to get them out of the area and to safety. But rather than being sent away to children’s homes or fancy boarding schools, many fell into the hands of child traffickers. Hundreds of children disappeared from Humla at this time, many forever.

Sejun is one of 136 children Adara found living in horrendous conditions in Kathmandu in 2004, after being trafficked during upheaval and conflict in the region. We found them in a severely overcrowded home, with 30 to 40 children living in one room, a single mattress on the floor between them. The children weren’t fed. Every day they were forced to go out on the streets and beg for food. All were malnourished when we found them and many had experienced horrific abuse.

When Adara found these children, now affectionately known as the ‘Adara Kids’, we knew we had to help. Working with the police and the Social Welfare Council, we were granted custody of them and set about helping them to rebuild their lives. From the outset, we set up 10 children’s homes and hired a large Nepali team of home parents, social workers, educators, cooks and cleaners.

As the Adara Kids got older, their needs changed, and so our programme evolved. After crisis care and rescue, we set about slowly and carefully reconnecting them with their families.

All the Adara Kids are now reconnected with their families and places of origin, and Adara continues to support them through school and into vocational education. Most of them have graduated from our care, equipped with the higher education or vocational and technical skills they need to make it on their own.

Sejun is one of the graduates from this programme. Now he has his own printing press and runs a small business in Humla. He even has five employees working for him!

“Adara has played a big and important role in my life,” Sejun says. “Adara has been my second family since I was seven years old.”

Sejun is now completely financially independent. He is also starting to become involved in politics in Humla. His hope is to build his leadership skills over the next 10 years so he can become a local politician, doing all he can to make Humla a better place.

We couldn’t be prouder of the amazing people the Adara Kids have become: engineers, artists, lawyers, doctors, carpenters, politicians, chefs and many other professions. As they progress through life, we will continue to provide with them with any support they need, to ensure their futures remain bright.





## Welcome to the Shree Ghyangfedi school

**“I am smart! I am beautiful! I am smart! I am beautiful!”**

The constant chorus continues, as the group of Ghyangfedi students gather in an assembly before their first class of the day begins. They're lined up in rows in the school's quadrangle, a sea of bright uniforms and happy faces. These morning assemblies and positive affirmations have become a morning ritual at Ghyangfedi School, bringing the staff and students together before a long day of work and learning.

But just over three years ago, the land on which they now stand was nothing but rubble.

In April 2015, a tragic earthquake struck Nepal. The earthquake killed nearly 9,000 people and left entire communities devastated. Homes and schools crumbled, roads were damaged beyond repair, and thousands of people were left without shelter. Entire livelihoods were destroyed.

The Adara Nepal team, despite their own trauma and loss, moved immediately to help others. They reached more than 10,000 people in need with medical support, food, shelter and other essential services, and they began to plan a longer term project to provide support as the crisis subsided.

In Ghyangfedi, a small community five hours' drive from Kathmandu, 10% of the population was killed in the earthquake. All schools were flattened and every building was either damaged or destroyed.

But it didn't stop there. Tremors continued to rock the region for days and weeks afterwards, halting efforts to begin the recovery. Eventually the trembles stopped and somehow life resumed. At the request of the government of Nepal, the Adara Group became involved in Ghyangfedi, through immediate disaster relief and long-term plans to build a new earthquake-safe school for 300 students.

With the support of thousands of people across the globe the Shree Ghyangfedi School opened its doors in June 2017, two years after the earthquake

had devastated the community. It is a government school with 13 child-friendly classrooms and an early learning centre for children aged 18 months to five years. We hope it will become a leading Nepali school one day, and that through education it will create positive change for the community.

Thirteen-year-old Nisha stands among the lines of chanting children, her voice rising above the others. Nisha is a dancer, house captain, member of the child club and first place in her class. On top of being a committed student, she is the eldest of six siblings. It is her job to help her family with household chores, fetching water, firewood or grass, looking after her younger siblings and working in the small shop her parents own.

But despite her busy schedule, she makes time every day to complete her homework and assignments. The Assistant Principal, Prem, says: "There are no other girls who can talk with such voice. Nisha is an example to many girls of the village and a hope for the change in the community."

In the months since its opening, the school has already seen some massive developments. A student-friendly computer curriculum has been introduced. Through computer classes, students have learned how to navigate the systems. The students are also supplied with midday meals. Often this midday meal is one important reason children come to school. Students know that even if they don't eat at home they can always eat at school.

Eventually the morning assembly draws to an end. The children are left with smiles on their faces and fires in their bellies. We hope they will take this sense of empowerment to all they do for the rest of their day – and into their futures.

## Knowledge sharing - human trafficking and child protection

Our work with kids at risk has allowed us to develop extensive knowledge in human trafficking and child protection.

Our Nepal Country Director, Pralhad Dhakal, has become a well-respected leader in this complex area and has addressed child welfare officers from all 75 districts in Nepal. We have also partnered with government and non-government organisations to provide training on best practice care of children at risk.

This includes alternative care systems, non-violent child discipline and individual case management and support. We always seek opportunities to share the knowledge we have gained in this important field to improve the lives of children across the globe.

## Bringing support to children of single mothers

**Nima is in grade 10. She lives in Simikot with her mother, brother and sister-in-law. Her father passed away when she was a child, and now Nima and her family can only afford to live in a small rented room. Her mother runs a small hotel to support the family.**

Nima's childhood was challenging. Her mother couldn't afford to buy educational materials for school and often had to borrow money from other people just to meet the family's daily needs.

Nima is one of 62 children supported by the Adara Group and The Himalayan Innovative Society (THIS). THIS is one of the grassroots Nepali NGOs

we have worked with since we began. Together we support marginalised children from single-parent families to receive an education in Humla. Once Nima became part of the THIS programme, she started going to school more regularly. Now she is a dedicated student. She spent her winter taking extra tuition classes in preparation for her Secondary Education Examination. She also became involved in extracurricular activities and has discovered a love for dancing. Last year, Nima entered the Mid-Western Regional Super Star Dance Competition and successfully made it through the first two rounds!

THIS also works to reduce the incidence of child trafficking from the district through two anti-trafficking radio programmes. These programmes air throughout the year and reach the 30,000 people in Humla who have a radio at home.



## Justice for victims of family violence

The Women's Foundation Nepal is an organisation that provides much-needed legal assistance to vulnerable women and girls who have been subject to violence and abuse. The Adara Group partnership provides a lawyer who leads a team of experienced legal staff to seek justice and protection for hundreds of women and girls each year.

One of the women supported by the The Women's Foundation in 2017 was Binsa. At 27 years of age, Binsa has led a tough life. Initially sold by her father for money when she was only a girl, Binsa married her husband when she was 15. Within a couple of years, Binsa had given birth to two children: a boy who was idolised by Binsa's husband and a girl who was shunned.

Binsa and her daughter were treated terribly and eventually Binsa decided to run away. She found The Women's Foundation, which helped her divorce her husband. They also provided shelter for Binsa and her children.

Since 2012, more than 2,200 women have received justice through The Women's Foundation's work. The foundation has also begun to pressure the government to change its laws to provide women with equal rights and freedoms.

## Kalpana's journey from Kathmandu to California

**As well as implementing programmes directly, Adara works with a small number of local groups who are true champions. Since 2001, Adara has partnered with one such organisation, Hands in Outreach (HIO), a local Nepali NGO in Kathmandu, to help more than 150 children living in poverty each year - mostly girls - to go to school. Adara supports HIO's staff and management costs and helps the children's families with healthcare costs.**

Kalpana's journey with HIO began on her first day of school when she was six years old. Even from a young age, her family and teachers knew she was very bright. With the support of HIO she was able to attend a private school, where she completed her School Leaving Certificate.

Kalpana went on to complete a law degree and became heavily involved in women's rights. In 2016, she was invited to the Clinton Global Conference in Berkeley, California. She packed her bags and left for the United States. Leaving Nepal for the first time was daunting but was also an exciting opportunity.

"It was the education I received which helped me to adjust to any new place where I was surrounded by strangers," she says. "For a poor girl from nowhere, I am so thankful for all those who made this journey happen."

Throughout her years of school, Kalpana's family never had to worry about school fees or stationery. With Adara's support, she also had health and dental care provided. Kalpana is now preparing to sit her licence exams so she can start practising law. She looks forward to being able to change the lives of girls all over Nepal who are living in poverty.



## Adara leading the way with Essential WASH Actions

Undernutrition is a major cause of disease and death, especially for many women and children living in poverty. It is estimated that 45% of deaths for children under five are directly linked to factors including poor sanitation and hygiene, or contaminated drinking water.

In 2017, Adara helped field-test a manual now adopted by USAID called Essential WASH Actions. Essential WASH Actions is an initiative spearheaded by the INGO FHI360, and is a companion volume to 'Essential Nutrition Actions'. Its focus is on practices that make a significant contribution to disease reduction and the improvement of health outcomes. The manual focusses on developing trainers' skills in teaching people about water, sanitation and hygiene, as well as the kinds of behaviour changes that are recommended.

The Adara Nepal team, working with our Innovation and Best Practice Director, Dr Kimber Haddix McKay, tested many of the materials and approaches laid out in the manual and provided valuable feedback to guide this important work. The team came together from Humla and Ghyangfedi and considered the 'small, doable actions' proposed to help communities in rural and remote settings benefit from using the best possible practices in hygiene and sanitation.

The team gave extensive and detailed feedback to their counterparts at FHI360 and this was used in refining its final drafts. The manual is now in use across the world.

# THE ROAD AHEAD

## Building a new school in Kermi

**We believe that creating child friendly classrooms and providing excellent facilities is integral to ensuring children get what they need from the formal education system.**

Kermitatopani Lower Secondary School was upgraded from primary level to lower secondary level in 2015 due to an increase in student numbers. Unfortunately, with these student increases, the school no longer has enough classrooms and the existing building is beginning to grow dark and progressively more unsafe. Later this year, Adara plans to construct a new school in Kermito cater for this growth. We hope that it will be completed and providing access to quality education to the children of Kermito by mid-2019.

## Increasing access to higher education

**Over the years the Yalbang School has been upgraded to secondary level to run classes up to the grade 10 Secondary Education Examination (SEE).**

The first SEE batch in 2013 had two students, the second batch had three students and the third batch in 2015 had 30 students. The result from these students has been a 100% pass rate, remarkable as the national pass rate is less than 50%. Despite this success, the majority of Humli students cannot afford to continue to higher education after the SEE.

We will work with the government and the Himalayan Children's Society to reduce the dropout rates after SEE and to upgrade the Yalbang School into a Plus 2 or vocational school, providing opportunities for more youth in Humli to attain higher levels of education. Adara will provide two teachers to help make this vision a reality.

## Building a centre-of-excellence health post in Yalbang

**Yalbang has now become a hub for upper Humli, with the Yalbang School and its monastery.**

Looking ahead, in 2018 Adara will conduct a feasibility study on establishing a model health post in Yalbang with a health assistant, nurses, ultrasound, and medicines.

If the study indicates we should proceed, we plan to upgrade the existing government health post into a model health post offering high-quality services. We would partner with the government and the Yalbang health post management committee, and seek support from other partners to undertake this project.



## 20 years of best practice, learning, evaluation and innovation

**It was a cold clear day at the Kathmandu Guest House, and they were on to the second pot of Nepali tea. It was 1998 and Audette Exel was hungry for knowledge about the situation in Humla, and the communities that lived there.**

It seemed like there was huge need in the region, but the remoteness resulted in an almost total lack of service delivery to the Humli people. "Almost no one from the west has been there" said Dr Matthew. "But there is this one amazing American woman, who wrote her PhD on the marriage systems in the region." He leaned back in his chair, "and her name is Kimber, and she is ...staying in here in Room 214!"

Within a week, they were hiking the mountains in Humla together, and Kimber introduced Adara to the people, traditions and communities of this magical region.

From that first meeting, a 20 year journey into best practice, learning, evaluation and now innovation, began.

From those early discussions on the importance of applied anthropology, to baseline surveys and research projects around our interventions, Adara has always worked to understand the impact of our work and to build service delivery based on community needs and on evidence and data gathered.

Over the years, Dr Kimber Haddix McKay and her team have focused on a wide variety of topics, each designed to enrich our understanding of how and why people in households in Uganda and Nepal make decisions relating to their health and education. This research has led to many internal papers and discussions, manuals, and published papers and conference presentations all over the world. They have addressed technical matters about hydroelectric and solar photovoltaic systems in rural remote settings, collective action issues relating to latrine usage, diet breadth

and nutritional deficiencies, menstrual hygiene management, user-friendly remote electrification projects in caste-bound communities, and on myriad topics relating to what factors motivate householders to seek health care, for what kinds of issues, when, and where.

Our learning and evaluation work is now led from Sydney, while Kimber focuses on highlighting best practice and relevant innovations for our teams.

In 2017, we began to look in a deeper way at learnings from around the world on health system strengthening, sustainability, and how to scale. This work ensures we always try to learn from others, and continuously seek to improve our work and deliver service at the highest levels possible.

The Adara team were recently back in Humla, retracing those steps of all those years ago. They reached the top of Simikot-La – a hard push up a high mountain. At the top, suddenly there was a mobile phone connection. There was only one person to call: Kimber, to celebrate two decades of amazing work.

From that fateful meeting all those years ago, thanks to the work and support of so many, our remote community development work has uplifted an entire region, and touched many more through our knowledge sharing.



# PARTNERSHIPS





## 20 years of generous support

**We approach our 20th anniversary full of gratitude. Over this time, our partners have helped us touch the lives of hundreds of thousands of people living in extreme poverty.**

With your support we have saved countless newborn lives, helped women deliver their babies safely, protected thousands of children from trafficking, built model schools and led life-changing research.

None of this would have been possible without the incredible communities that drive our work, our teams around the world, the partners who make everything possible and our supporters who stand alongside us every day.

To everyone who has played a part in our 20-year journey, we could not be more grateful for your support and generosity. You have shown us the joy that can be found in giving and the amazing way people from all corners of the globe can come together, united in vision and mission. But mostly you have shown us the power of partnership.



## Aspen and Adara: 10 years of partnership

**“Over 10 years, Adara has become embedded within our corporate culture. The group is an ideal fit with our company values of innovation, expertise and collaboration, and we are proud of the positive impact we have generated together.”**

**– Chris O’Kane, CEO and Executive Director**

The insurance underwriter leaned over the tiny baby in awe, watching her sleep peacefully under the vibrant blue lights of the infant radiant warmer that was keeping her stable. Looking around the room, he was humbled to think that this little girl, and a thousand more like her every year, would live. It was all thanks to this NICU, which has been funded by the insurance company he works for on the other side of the world. More than that – the lives tens of thousands of mothers giving birth, children needing immunisations, and people living with diabetes, disabilities, or even HIV/AIDS were better because of the power of this partnership.

In 2017, Aspen and Adara celebrated 10 years of partnership. Aspen Reinsurance is a leading global insurance and reinsurance company, and one of Adara’s cornerstone corporate partners. Since 2007, Aspen and its employees have played a key role in supporting the operations of Kiwoko Hospital. Aspen has donated over US\$3.5 million to our work, with an incredible additional US\$1.3 million donated by their teams and staff around the globe. Every year Aspen staff raise vital funds in new and creative ways, sharing the Adara vision with friends, family, clients and colleagues.

Each year, eight to 10 ambassadors have had the opportunity to visit Kiwoko in Uganda and see at first hand the impact of this partnership. They leave full of passion for the work. More than 80 Aspen staff have visited Kiwoko Hospital in the last 10 years, each of them champions for the Adara Group and for our work.

This partnership has made a massive difference to the lives of thousands of people living in poverty. As we look forward, Aspen support is expanding to cover our work in remote community development as well as in maternal, newborn and child health – truly transforming the lives of people from one end of the world to the other. We are so grateful to Aspen for their support, and for showcasing the power of great businesses to effect social change and improve the lives of those in need.

**IN 2017..**



**US\$2.9M  
(A\$3.8M)**

was donated to Adara Development, by both the Adara businesses and our other wonderful donors



More than  
**450**

individuals, foundations and companies donated to Adara



**US\$240K**

was raised by the staff of our incredible corporate partner, Aspen, helping to fund Adara’s lifesaving work



**24**

volunteers in five different countries volunteered or interned with the Adara Group

# 20 years of the Adara family





# OUR GOVERNANCE



Andrew Della Casa  
Trustee of Adara  
Development (UK)



Audette Exel AO  
Chair of all Adara entities



Dawa Lama Thapa  
Director of Adara  
Development (Nepal)



Derek Stapley  
Director of Adara  
Development (USA)



Dhan Bahadur Lama  
Director of Adara  
Development (Nepal)



Edith G. Conyers  
Trustee of Adara  
Development  
(Bermuda)



Ilana Atlas  
Director of Adara  
Development  
(Australia)



Kate Vacher  
Trustee of Adara  
Development (UK)



Ken Finch  
Director of Adara  
Development (Uganda)



Laini Liberman  
Director of Adara  
Development  
(Australia)



Dr Philippe Rouja  
Trustee of Adara  
Development  
(Bermuda)



Richard Deutsch  
Director of Adara  
Development  
(Australia)



Richard Houghton  
Trustee of Adara  
Development (UK)



Richard West  
Director of Adara  
Development  
(Australia)



Susan Burns  
Director of Adara  
Development (Australia) and  
Adara Development (Uganda)



Thomas R. Dickson  
Director of Adara  
Development (USA)



Tom Glynn  
Director of Adara  
Development (USA)  
(retired June 2017)



Uddhav Raj Poudya  
Director of Adara  
Development (Nepal)

# FINANCES & ACCOUNTABILITY

Adara Development has received an incredible total of US\$30.6 million (A\$37.1 million) since we began in 1998. Of this, more than US\$9.98 million (A\$12.3 million) has been contributed from the Adara businesses towards Adara Development's administration, infrastructure and emergency project costs.

Huge thanks to all Adara financial partners for their belief in the work of the Adara Group and for their ongoing commitment and support.



**US\$9,980,244**

**AU\$12,330,368**

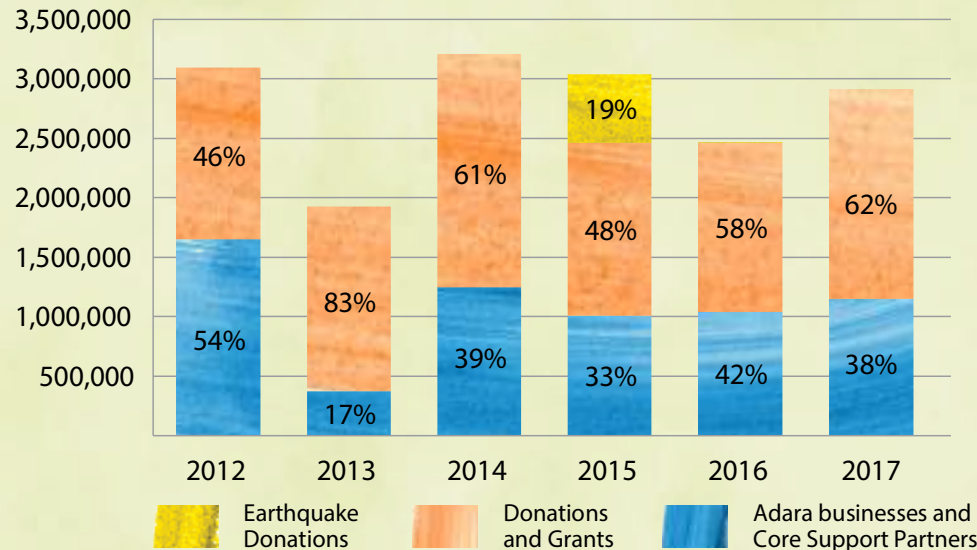
contributed by the Adara businesses

**US\$20,651,530**

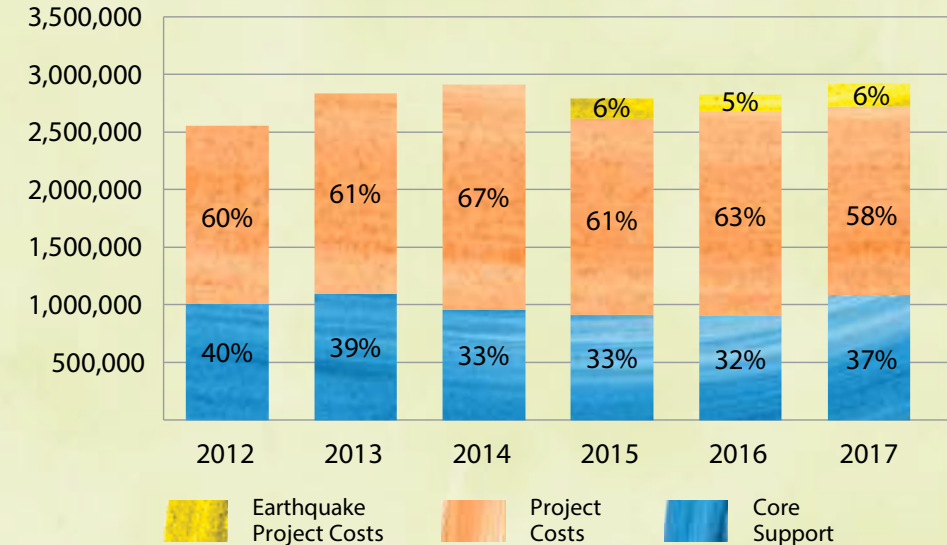
**AU\$24,764,635**

contributed from other donors

## Donations to Adara Development (US\$)



## Expenditure of Adara Development (US\$)



# Adara Development summary combined statement of profit or loss and other comprehensive income

For The Year Ended 31 December 2017  
Presented In United States Dollars (USD)

|   | 2017             | 2016             |
|---|------------------|------------------|
|   | \$               | \$               |
| <b>REVENUE FROM CONTINUING OPERATIONS</b>             |                  |                  |
| Donations   |                  |                  |
| Core Support  | 1,196,471        | 1,036,682        |
| General restricted                                    | 896,864          | 428,759          |
| Maternal Newborn Child Health                         | 508,925          | 661,995          |
| Remote Community Development                          | 303,145          | 336,663          |
| Grants  |                  |                  |
| Maternal Newborn Child Health                         | 3,137            | -                |
| Other Income  | 4,383            | 4,651            |
| <b>Total revenue</b>                                  | <b>2,912,925</b> | <b>2,468,750</b> |
| <b>EXPENSES</b>                                       |                  |                  |
| Programme costs                                       |                  |                  |
| Maternal Newborn Child Health                         | 813,646          | 850,245          |
| Remote Community Development                          | 930,351          | 882,748          |
| <b>Total</b>  | <b>1,743,997</b> | <b>1,732,993</b> |
| Innovation, Learning & Evaluation                     | 120,467          | 204,411          |
| Core Support  | 1,073,626        | 921,016          |
| <b>Total expenses</b>                                 | <b>2,938,090</b> | <b>2,858,420</b> |
| <b>NET (DEFICIT)/SURPLUS FOR THE YEAR</b>             | <b>(25,165)</b>  | <b>(389,670)</b> |
| <b>Other comprehensive income</b>                     |                  |                  |
| Foreign currency translation gain                     | 19,117           | 1,975            |
| <b>Other comprehensive income/(loss) for the year</b> | <b>19,117</b>    | <b>1,975</b>     |
| <b>TOTAL COMPREHENSIVE LOSS FOR THE YEAR</b>          | <b>(6,048)</b>   | <b>(387,695)</b> |

# Adara Development summary combined statement of financial position

For The Year Ended 31 December 2017  
Presented In United States Dollars (USD)

|  | 2017           | 2016           |
|--|----------------|----------------|
|  | \$             | \$             |
| <b>ASSETS</b>                              |                |                |
| <b>Current assets</b>                      |                |                |
| Cash and cash equivalents                  | 526,914        | 557,766        |
| Donations receivable                       |                |                |
| Trade receivables and other current assets | 44,751         | 31,824         |
| <b>Total current assets</b>                | <b>571,665</b> | <b>589,590</b> |
| <b>Non-current assets</b>                  |                |                |
| Property, plant and equipment              | 11,240         | 17,657         |
| Intangible assets                          | 21,791         | 33,638         |
| Other non-current assets                   | 750            | 2,153          |
| <b>Total non-current assets</b>            | <b>33,781</b>  | <b>53,448</b>  |
| <b>Total assets</b>                        | <b>605,446</b> | <b>643,038</b> |

## NOTES

The financial statements have been prepared in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to the ACFID website [www.acfid.asn.au](http://www.acfid.asn.au)

A complete version of the combined financial report is available upon request to Adara Development, free of charge.

The Summary Combined Statement of Profit or Loss and Other Comprehensive Income and the Summary Combined Statement of Financial Position for the year ended 31 December 2017 are an extract from the full Combined Financial Report of Adara Development for the year ended 31 December 2017 available at [www.adaragroup.org](http://www.adaragroup.org). The Operations Report 2017 does not include the Summary Combined Statement of Cash Flows, Summary Combined Statement of Changes in Equity and Directors' and Trustees' Declaration.

The Summary Combined Statement of Profit or Loss and Other Comprehensive Income and the Summary Combined Statement of Financial Position for the year ended 31 December 2017 and related Notes were extracted for the purpose of providing a summary of the financial position and performance of Adara Development.

## Reporting entity

The legal entities identified below (collectively referred to as Adara Development or the Group) are not held by a separate parent entity. However, all of the legal entities under the decisions of their respective directors or trustees that have mutually agreed to operate under a common Memorandum of Understanding (MOU). The combined financials statements consists of the following not for profit entities: Adara Development (Australia), Adara Development (Bermuda), Adara Development (UK), Adara Development (Uganda) and Adara Development (USA). For the purpose of presenting to the donors a combined view of the global not for profit activities conducted by the Group, a set of combined financial statements has been prepared which combines all of the assets, liabilities, expenses and contributions of the above named entities into a single set of combined financial statements. This aggregation does not meet the definition of a group as defined by AASB 10 Consolidated Financial Statements.

## Statement of compliance

In the opinion of the directors and the trustees, the Group entities are not publicly accountable. The financial report of the Group has been drawn up as a special purpose financial report for distribution to the directors and the stakeholders, for the purpose of presenting a combined view of the financial position and performance of the entities comprising Adara Development as listed above. The special purpose financial report has been prepared in accordance with the requirements of the recognition, measurement and disclosure requirements of all applicable Australian Accounting Standards - Reduced Disclosure Requirements ("AASB-RDR") adopted by the Australian Accounting Standards Board ("AASBs") except for AASB 10 Consolidated Financial Statements. The financial statements were approved by the directors and trustees on 1 May 2018.

## Basis of measurement

These financial statements have been prepared on a going concern basis and are based on the historical cost basis.

## Principles of preparing combined financial statements

The financial statements are prepared by combining or aggregating the entities that comprise Adara Development as set out above. All inter-entity balances and transactions between the combining entities listed above, and any unrealised gains and losses on income and expense arising from inter-entity transactions, are eliminated in preparing the combined financial statements.

## Functional and presentation currency

These combined financial statements are presented in US dollars. The functional currency of Adara Development (Bermuda), Adara Development (USA) and Adara Development (UK) is US dollars. The functional currency of Adara Development (Australia) is Australian dollars and is translated to US dollars for the combined financial statements of Adara Development. The functional currency of Adara Development (Uganda) is Ugandan shillings and is translated to US dollars for the combined financial statements of Adara Development.

|                                      | 2016           | 2015           |
|--------------------------------------|----------------|----------------|
|                                      | \$             | \$             |
| <b>LIABILITIES</b>                   |                |                |
| <b>Current liabilities</b>           |                |                |
| Trade and other payables             | 46,180         | 87,993         |
| Employee benefits                    | 86,598         | 70,068         |
| <b>Total current liabilities</b>     | <b>132,778</b> | <b>158,061</b> |
| <b>Non-current liabilities</b>       |                |                |
| Employee benefits                    | 6,256          | 12,517         |
| <b>Total non-current liabilities</b> | <b>6,256</b>   | <b>12,517</b>  |
| <b>Total liabilities</b>             | <b>139,034</b> | <b>170,578</b> |
| <b>NET ASSETS</b>                    | <b>466,412</b> | <b>472,460</b> |
| <b>Accumulated funds</b>             |                |                |
| Accumulated funds                    | 520,944        | 546,109        |
| Foreign currency translation reserve | (54,532)       | (73,649)       |
| <b>Total accumulated funds</b>       | <b>466,412</b> | <b>472,460</b> |

All Adara Development entities are audited annually under International Financial Reporting Standards (IFRS) or Australian Auditing Standards. Since inception, Adara Development (Australia), Adara Development (USA) and Adara Development (Bermuda), have been audited by KPMG. Adara Development (UK) and Adara Development (Uganda) are audited by Somerbys and Grant Thornton, respectively. If you would like a copy of our audited financial accounts, they are available on our website, or by contacting us at [info@adaragroup.org](mailto:info@adaragroup.org).

# Independent Auditor's Report

To the Directors and Trustees of Adara Development

## Opinion

We have audited the *Summary Combined Financial Report of Adara Development (the Group)*.

In our opinion, the accompanying Summary Combined Financial Report are consistent, in all material respects, in accordance with the basis of preparation described in the Notes to the Summary Combined Financial Statements.

The *Summary Combined Financial Report* comprises:

- Summary combined statement of financial position as at 31 December 2017;
- Summary combined statement of profit or loss and other comprehensive income for the year then ended; and,
- Notes.

The *Group* consists of Adara Development (Australia), Adara Development (Bermuda), Adara Development (UK), Adara Development (Uganda) and Adara Development (USA).

## Summary Combined Financial Report

The Summary Combined Financial Report do not contain all of the disclosures required by the application of Australian Accounting Standards – Reduced Disclosure Requirements adopted by the Australian Accounting Standard Board. Reading the Summary Combined Financial Report and the auditor's report thereon, therefore, is not a substitute for reading the audited Combined Financial Report and the auditor's report thereon.

The Summary Combined Financial Report and the audited Combined Financial Report do not reflect the effects of events that occurred subsequent to the date of our report on the audited Combined Financial Report.

## The Audited Combined Financial Report and Our Report Thereon

We expressed an unmodified audit opinion on the audited Combined Financial Report in our report dated 1 May 2018.

That report also include:

An Emphasis of matter paragraph that draws attention to Note in the audited Combined Financial Report. The basis of preparation in Note 1 to 3 of the audited Combined Financial Report describes the special purpose and combination basis of preparation. The emphasis of matter section also details that the audited Combined Financial Report has been prepared to meet the request of the Directors and Trustees of the entities within the Group to present a combined view of the global not for profit activities conducted by the Group, and that the report is intended solely for the Directors and Trustees of the entities in the Group and should not be used for any other purpose than for which it was prepared.

## Emphasis of matter – basis of preparation and restriction on use

We draw attention to Notes to the Summary Combined Financial Report, which describes the summary basis of preparation. The Summary Combined Financial Report has been prepared to meet the request of the Directors and Trustees of the entities within the Group to present a summarised combined view of the global not for profit activities conducted by the Group.

As a result, the Summary Combined Financial Report and this Auditor's Report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Our report is intended solely for the Directors and Trustees of the entities in the Group and should not be used by parties other than the Directors and Trustees of the entities in the Group. We disclaim any assumption of responsibility for any reliance on this report, or on the Summary Combined Financial Report to which it relates, to any person other than the Directors and Trustees of the entities within the Group or for any other purpose than that for which it was prepared.

Our audit report relates to the Summary Combined Financial Report which will be published on the Australian website ([www.adaragroup.org](http://www.adaragroup.org)) (the website). Management is responsible for the integrity of the website. We have not been engaged to report on the integrity of the website. We also do not opine on any other information which may have been hyperlinked to/from the Summary Combined Financial Report or contained within the broader *Adara Group Operators Report 2017*.

## Other Information

Other Information is financial and non-financial information in Adara Development's annual reporting which is provided in addition to the Summary Combined Financial Report and the Auditor's Report. The Directors and the Trustees are responsible for the Other Information.

Our opinion on the Summary Combined Financial Report does not cover the Other Information and, accordingly, we do not express any form of assurance conclusion thereon.

In connection with our audit of the Summary Combined Financial Report, our responsibility is to read the Other Information. In doing so, we consider whether the Other Information is materially inconsistent with the Summary Combined Financial Report or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

We are required to report if we conclude that there is a material misstatement of this Other Information, and based on the work we have performed on the Other Information that we obtained prior to the date of this Auditor's Report we have nothing to report.

## Responsibilities of Management and Those Charged with Governance for the Summary Combined Financial Report

Management is responsible for the preparation of the Summary Combined Financial Report in accordance with the basis of preparation described in the Notes to the Summary Combined Financial Report.

## Auditor's responsibilities for the audit of the Summary Combined Financial Report

Our objective is to express an opinion on whether the Summary Combined Financial Statements are consistent, in all material respects, with the audited Combined Financial Report on our procedures, which were conducted in accordance with *Australian Auditing Standard ASA 810 Engagements to Report on Summary Financial Report*.

KPMG

Sydney  
15 June 2018



# 2017 Expenditure

## MATERNAL, NEWBORN AND CHILD HEALTH

US\$813,646

### Clinical Support at Kiwoko Hospital Uganda

- Supported over 70 local NICU, ANC and maternity nurses
- Medical equipment, drugs and medical supplies for the NICU and maternity ward
- Nutrition support for mothers caring for babies in the NICU
- Training and development for NICU and maternity staff
- CBHC programme support for safe motherhood services for women and children, including antenatal care, postnatal care, family planning and immunisation services
- 9 other local hospital support staff including a finance manager, finance officer, junior finance officer, HR officer, lab technician, electrician and a NICU manager each year

### HIV and Diabetes Clinics at Kiwoko Hospital Uganda

- Nutrition, treatment and counselling support for adults and children living with HIV/AIDS
- Education support for orphans and vulnerable children affected by HIV/AIDS
- Weekly diabetes clinic operating at Kiwoko Hospital

### Community Outreach Services at Kiwoko Hospital Uganda

- CBHC programme servicing 44 villages and providing health education, and support to people living with chronic conditions such as epilepsy, tuberculosis and people living with disabilities

### Early Intervention for High Risk Newborns

- Collaborative research study to help evaluate whether an intervention programme can improve the quality of life for babies at risk of disability.

### Programme support

- 5 local staff plus 1 pro bono staff and related office costs
- Management of project planning, implementation, capacity building and coordination with partner organisation ensuring good governance and maximum impact
- Our Global Maternal and Newborn Child Health team works to collaborate with the clinical team at Kiwoko Hospital to plan and implement strategies to improve maternal, newborn and child health outcomes through regular and sustained capacity building
- Development and management of international medical volunteers programme, where experts visit the hospital for short periods of time to train and advise local clinicians
- Analysis of NICU data from Kiwoko Hospital

## REMOTE COMMUNITY DEVELOPMENT

US\$930,351

### Adara Kids

- Care and support of children who were previously trafficked (47 children in the youth development programme, 6 children in family/community-based care and 83 children repatriated or graduated)
- 9 local staff and related office costs each year
- Education, nutrition, health, post-school options, life skills and independent living training
- Reconnection and reintegration with families of origin
- Work to share knowledge on Adara's experience of non-violent care and reintegration of children at risk

## Humla

### Local Programme Staff Nepal

- 10 local staff members, including Humla programme manager, agriculture assistant, community health coordinator, community education coordinator, and a technical consultant

### Hygiene and sanitation

- Water testing and purification routinely conducted throughout the year
- Constructed 11 new pit latrines and held 2 trainings on the importance of hygiene and sanitation, and waste management

### Nutrition

- Advised farmers on greenhouse construction and repair, provided vegetable seeds and supplied solar driers to be used to dry food for winter.
- Food security projects including a nursery development

### Health post improvement

- 3,351 patients were treated at the 5 Adara partnered government health posts in Humla.

### Mobile healthcare to the community

- Plan and implementation of mobile medical camp which treated 2,827 people

### Training and health awareness programmes

- Regular training and awareness programmes on child malnutrition and infant and maternal mortality with women's groups. 215 people were trained in 2017.
- Work on securing the drinking water systems to reduce contamination, as well as cleaning and protection of intake tanks, reservoir taps, and pipe lines

### Remote Education Projects

- Provision of learning materials for local schools
- 670 kids received scholarship support
- 5 child-friendly classrooms were supported
- Support to students in each target village, providing them with stationery, notebooks, warm tracksuits, school bags and other necessities
- 10 before and after school classes supporting 238 students

### Tibetan Medical Practitioner

- Tibetan health practitioner, or 'Amchi', to travel through Humla for eight months at a time providing medicines and health care to 1,218 people in Humla villages

### Ebenezer Boys

- 25 boys in vocational education, all of whom graduated by May 2017
- We paid graduation costs for two boys we supported in our Ebenezer Boys programme. These two boys finished their vocational training in 2017.

#### **Emergency Responses - Nepal Earthquake**

- Completed the construction of the Shree Ghyangfedi School including 12 classrooms and an early learning centre for children aged 18 months to 5 years
- Provision of school furniture and supplies
- Provision of education support including stationery, learning materials, school uniforms and girls education scholarships
- Midday meals provided daily to all 200 students at the Shree Ghyangfedi School
- Health post medicine support
- Solar Power System and Internet service installation at the Shree Ghyangfedi School
- School water pipeline installation

#### **Hands in Outreach**

- 139 children are receiving continued support from Hands In Outreach Nepal for their education. 13 teenagers are in college
- Adara supported healthcare and dental care for 146 children in need
- Living supplies to support 90 families in need

#### **Himalayan Children's Society**

- 8 local staff and related office costs
- 286 students attended final exams
- School supplies, uniforms, textbooks and music class materials for children
- Food and hostel support for children from families living in poverty
- Teacher training programme for ECD teachers

#### **Himalayan Medical Foundation**

- 6 local staff and related office costs
- 12,241 men, women and children received treatment during the year
- Medicine and laboratory materials for the 3 clinics – Benchin, Nagi and Pharping

#### **The Himalayan Innovative Society**

- 2 FM radio programmes to raise awareness about child trafficking and child abuse in Humla
- 64 children of single mothers received case management support

#### **The Women's Foundation**

- 1 local lawyer who leads a team of lawyers to get justice for victims of family violence
- 363 cases were resolved through free legal assistance

#### **Programme support**

- 2 local staff including the Country Director and related office costs in Kathmandu
- Management of project planning, implementation, capacity building and coordination with partner organisations ensuring all partners exercise good governance and maximum impact

#### **INNOVATION, LEARNING & EVALUATION**

**US\$120,467**

- 3 Staff including Senior Advisor, Innovation and Best Practice, Monitoring and Evaluation Manager (Sydney), and Monitoring and Evaluation Officer (Uganda).
- Research support to Nepal and Uganda
- Evidence-based programme planning and development
- Monitoring and evaluation of all projects

#### **CORE SUPPORT**

**US\$1,073,626**

- Core support expenditure during 2017 ensured all areas of our project-related work have the necessary resources and help they need to operate effectively. These costs were all paid for directly by the Adara businesses and a small number of core support partners, ensuring that 100 cents in every dollar of all other financial partners' support went directly to project related costs.
- 13 global support staff (plus 2 pro bono staff) and related office costs
- Leadership and development of short and long-term strategy and direction
- Global coordination of activities and policies to ensure projects have the resources and assistance to be effective as they partner with communities on the ground
- Managing global governance, compliance, legal, human resources, information technology and administration
- Financial compliance including global budgeting, ensuring every dollar is followed, keeping accounts, systems and controls and regular audits in each jurisdiction
- Global communications internally and externally
- Fundraising and regular reporting and liaising with existing financial partners worldwide
- Office of the Chief Executive Officer

## We value your feedback

We welcome your feedback about us. You can provide feedback or lodge a complaint or compliment by contacting us at [info@adaragroup.org](mailto:info@adaragroup.org) or by contacting one of our offices as set out at the front of this report.

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The names and details of some people featured in this report have been changed to protect their privacy.

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